

Harrisburg Human Relations Commission
Use only

Docket No. _____
EEOC No. _____
Social Security No. _____

HRC can investigate complaints of discrimination based upon race, color, religion, ancestry, age (40-70), sex, national origin, non-job related handicap or disability, known association with a handicapped or disabled individual, a general education development certificate, sexual preference/orientation, familial status, place of birth, marital status.

IN-9 FORM

LEAVE RELATED TO PREGNANCY QUESTIONNAIRE
Questionnaire on the incident you are complaining about.

Rev.-10-01

To avoid rewriting your answers, please read this short questionnaire from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible, and to the best of your present knowledge, information and belief. If you are unsure of your answer, please say so. It is your responsibility to notify this Agency of a change of address or times of unavailability. Failure to notify this Agency may result in dismissal of the matter.

Name _____

Address _____

City _____ State _____ Zip Code _____

County _____ Telephone No. H () _____ W () _____

May we call you at work? Yes _____ No _____

Caution: Failure to correctly identify the name of the legal entity you are complaining about will hinder the processing of your complaint. Bring pay stubs, W-2 forms, contracts, etc. to aid in verification of the name and address.

Name of Organization your complaint is against:

Name _____

Address _____

City _____ State _____ Zip Code _____

Type of Business _____

Number of employees who work at the organization named above. Please check one.

Less than 4 _____ 15 to 100 _____ 201 to 500 _____ Unknown _____

4 to 14 _____ 101 to 200 _____ 501 plus _____

Name and address of person who will know how to contact you and who does not reside in your home.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. H () _____ W () _____

In this Questionnaire, you will see the word "class" mentioned. **Class means the person's race, sex, age, ancestry, religion and so on.** Depending on the issues in the complaint, you may belong to two or more classes. For example, a Black female could belong to two classes: race/Black and sex/female. A White male could belong to race/White and sex, male. All persons named in the complaint or questionnaire should be identified by their class as follows: John Doe (White male), John Doe (under age 40), Jane Doe (Black female). For example, if your complaint is based on race, include the race of all persons mentioned. If it is a sex complaint, mention the sex of all persons mentioned.

1. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently. In other words, what happened to persons of a different class that makes you feel they received more favorable treatment than you.

2. If you believe the organization treated you this way because of one or more of the reasons listed below, please check those reasons. If you believe the employer treated you this way for a reason which is not listed, explain what you believe to be the reason.

<input type="checkbox"/> Sex	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Age (40-70)	<input type="checkbox"/> Date of Birth
<input type="checkbox"/> Race	<input type="checkbox"/> National Origin	<input type="checkbox"/> Use of guide dog or support animal	
<input type="checkbox"/> Color	<input type="checkbox"/> GED	<input type="checkbox"/> Sexual preference/Orientation	
<input type="checkbox"/> Religious Creed	<input type="checkbox"/> Retaliation		
<input type="checkbox"/> Place of Birth	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Non-job related handicap/disability	
<input type="checkbox"/> Familial Status		identify your disability _____	

- 2a. Explain why you believe that your **CLASS** was a factor in what happened to you. In other words, why do you believe your sex was a factor in what happened to you.

3. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently because of the reason(s) you checked in Question Number 2. What happened to persons of a **DIFFERENT CLASS** that makes you feel they received more favorable treatment than you.

4. Does your employer have a maternity leave policy?

Yes _____ No _____

5. Is your employer's maternity leave policy written?

Yes _____ No _____ Do Not Know _____

Were you given a copy?

Yes _____ No _____

Please submit a copy of the written policy, if you are able to.

6. If the maternity leave policy is unwritten, please explain the following.

- a. The policy as you know it, and how you found out about it.

- b. The date you informed your employer that you were pregnant.

- c. The date you applied for maternity leave.

7. According to the policy, as you know it, when does maternity leave begin?

8. According to the policy, as you know it, when does maternity leave end?

9. What do you have to do to obtain maternity leave?

Please submit a copy of any doctor's reports you may have submitted to your employer in this pregnancy. If you do not have any copies, please request that your doctor send you them so you can bring them to your interview.

10. Did your doctor ever advise you or your employer that your health or the health of your unborn child would be endangered by some or all of the duties of your job?

Yes _____ No _____

If he/she did so in writing, please secure and bring a copy to your interview.

11. Were you allowed to utilize sick leave or long-term disability leave?

Yes _____ No _____

If not, please explain. _____

- 11a. What is your company's policy regarding return to work following short or long term disability leave?

12. Are the policies in writing?

Yes _____ No _____

13. Were you given a copy?

Yes _____ No _____

Have they been explained to you?

Yes _____ No _____

Please submit copies of any such written policies, if you are able to.

14. Under the company's practice, do seniority rights, pension rights and vacation leave continue to accrue during periods of leave for short or long term disabilities?

Yes _____ No _____

15. As a result of your pregnancy, were you placed on lay-off?

Yes _____ No _____

If so, on what date? _____

As a result of your pregnancy, were you discharged?

Yes _____ No _____

If so, on what date? _____

16. As a result of your pregnancy, were you granted maternity leave?

Yes _____ No _____

If so, on what date? _____

17. Is it the policy of the employer to grant unpaid leave to pregnant employees instead of paid leave?

Yes _____ No _____

Were you granted leave of absence without pay?

Yes _____ No _____

Can you name anyone who continued to receive salary during disability leave?

Yes _____ No _____

If yes, please provide the name(s):

a. _____

b. _____

c. _____

18. Were you told you would be recalled or reinstated:

Yes _____ No _____

Please explain what you were told in this regard. _____

19. Who told you this? Name _____ Title _____

20. What date were you told this? _____

What were you told about the position you would have, if any, upon your reinstatement?

21. Does your employer provide "Sick Leave?"

Yes _____ No _____

22. Does your employer allow employees to carry over from year to year their sick leave?

Yes _____ No _____

23. Were you allowed to use this accumulated sick leave before beginning your maternity leave, your layoff or your discharge?

Yes _____ No _____

24. Does a person have to be employed a certain length of time or be a full-time employee before they become eligible for sick leave on your employer's health plans?

Yes _____ No _____

Please explain _____

25. Were you eligible?

Yes _____ No _____

If you were not eligible due to your length or status of employment, please explain.

26. Does the company offer long/short-term disability leave? For example, in order to recuperate from a heart attack?

Yes _____ No _____

27. If so, is there a salary support plan for persons on this disability leave?

Yes _____ No _____

Please describe or submit a copy of the terms of this type of leave and salary support plan.

28. Are complications due to pregnancy covered under the company's long/short-term disability plan?

Yes _____ No _____

29. Do employees have to purchase hospitalization insurance coverage?

Yes _____ No _____

30. Is pregnancy covered under the employer's hospitalization insurance coverage plan?

Yes _____ No _____

31. Are there any additional premiums that must be paid for such coverage?

Yes _____ No _____

32. Are there other disabilities for which employees must pay additional premiums if they want hospitalization coverage?

Yes _____ No _____

33. If you are a teacher, does the school provide "Sabbatical Leave"?

Yes _____ No _____

If there is a written policy, please submit a copy.

34. Can a disabled employee become eligible for sabbatical leave?

Yes _____ No _____

35. Does sabbatical leave provide for salary support?

Yes _____ No _____

36. After your employer learned that you were pregnant, were you treated differently in terms of job assignment, job duties or hours from other employees?

Yes _____ No _____

If so, please explain. _____

37. Are you a union member?

Yes _____ No _____

If yes, what is the name of your union?

Address _____

Telephone Number () Business Agent

38. Did you file a grievance regarding the above problem?

Yes _____ No _____

If so, attach a copy of the grievance. Explain what step your grievance is now in. Give both step number and letter, and the name and title of the union official dealing with your grievance.

If there are other facts you feel should be considered, record these on the last page of the questionnaire (**Continuation Page**).

I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.

Signature

Date

Address

City, State and Zip Code

()

Telephone Number

CONTINUATION PAGE

For use if additional pages are needed to answer any question(s). Indicate the question number that is being answered before each response below.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

